

Michelle Delaney

ENGL-1010-34

Prof. Villa-Ignacio

12-8-15

Safer on the Streets: A Look into Inmates' Treatment in Women's Prison

In modern America the female prison system is in a state of chaos. The Justice System sends women to prison in the hope that they will be rehabilitated. They are meant to serve their sentence and be released back into society as better people, learning from their mistakes. Reformation rarely happens, however, due to the mistreatment they suffer while they are incarcerated. In *The Meaning of Freedom*, prison activist Angela Davis explicitly states, “[t]oday, no one ever expects people who go to prison to come out reformed. In fact, many come out in much worse condition than when they entered” (Davis 68). Female prisoners in the U.S. face experiences that violate their human rights. The United States is a democratic society that “relies fundamentally on carceral institutions” (Davis 56). The treatment women face in prison not only denies them of their basic rights, leaving many women feeling neglected, but also can be physically and emotionally violating.

In 1977, the United Nations adopted the Standard Minimum Rules for the Treatment of Prisoners, non-binding rules that “carry some moral authority and establish a standard for human rights and humane treatment of all persons” (Sodja 59). The rules provide basic principles that should be followed by the prison systems. The rules range in addressing hygiene, food, exercise, and medical care, to discipline and punishment, restraint, contact of prisoners, to also rules for the institutional personnel (Roth 317-321).

Although no specific organization checks up to see if the Standard Minimum Rules are being upheld, if an institution is found to have violations, it can draw attention and changes will have to be made.

The objective of U.S. women's prisons has changed from one of reformation to that of harsh violators of human rights with a lack of programming available for inmates. Prisoners receive inadequate health care and utterly terrible treatment and abuse from guards, deeming their living standards inhumane. The United Nations' Standard Minimum Rules for the Treatment of Prisoners provides evidence that prisons in the U.S. provide inadequate services and care, causing many female inmates to feel unsafe during their incarceration and not ready for release back into society ("Standard Minimum Rules"). Women's prisons in the U.S. fail in their initial purpose of rehabilitating their prisoners.

When prisons were first established they were very different, as they were initially called "penitentiaries" because they were supposed to be a place for penitence where people could go to become better citizens, reflect on their lives, reform, and rehabilitate. The penitentiary was "introduced as a humane alternative to corporal punishment and the infliction of death," while the alternative was dispossessing people's right and liberties, with the deprivation of liberty being the "essential nature of the punishment itself" (Davis 59). The treatment of inmates in prisons has not changed a lot over the centuries even though there have been advancements in the prison system in the United States. Prior to 1870, all prisoners were housed in the same facility, until after the Civil War when the first female prison was created (Urbina). Female prisons would give the opportunity to rehabilitate inmates and give them correct treatment based on their

needs. Providing the opportunity to be rehabilitated would cause female prisoners themselves, “to believe in the potential they had to change their lives” (Young 32). Some of the first institutions established for women were custodial, while others were reformatories. Custodial institutions had cells and were mainly to warehouse prisoners, whereas reformatories had private rooms and were meant to rehabilitate. Racial disparities between prisons were also a problem as “[t]he population of these two types of facilities differed by race, with black women more likely to be confined to the custodial institutions and white women more likely sent to reformatories” (Young 39). Racial segregation occurred in women’s prisons until the 1960s, when the two types of institutions began to amalgamate.

Reformatories seemed to focus on domesticating women and teaching inmates how to do stereotypically female activities. Although this type of treatment was starting to decrease prior to 1980, “[t]he emphasis on women’s work is rooted in the early women’s reformatories, which ‘were designed to rehabilitate by inculcating domesticity. In the early programs, inmates were mainly trained to sew, cook, and wait on tables’” (Morash 198). Reform and rehabilitation slowly changed and evolved into decreasing availability to programming for inmates, and “the fact that women inmates account for only a fragment of the total prison population has been used to excuse the system’s failure to meet the needs of women inmates” (Phillips). The first slam of the cell door for these women is the beginning of a harrowing experience known as a prison sentence.

Due to the fact that women only represent a small percentage (6%) of all inmates, it is hard for women to receive the treatment they deserve in all women’s institutions as “there are fewer facilities for women, it is common for all security levels in women’s

institutions to be mixed together...[making it] difficult to operate programs requiring less restrictive environments” (Morash 199). A lot of the programming that is available to women in prisons is based on the requests and needs that prisoner’s say they lack. Mental health in prisons needs to be a topic that receives more attention, as “the number of mentally ill people in prisons is three times as many as in mental hospitals” (Sodja 66). Mental illness is high in the number of women prisoners because, “a large percentage of women prisoners have a history of physical, emotional, and/or sexual abuse,” along with the stress from sexual abuse by prison guards and separation from their children (Sodja 67). The mental effects of being in prison can weigh more heavily on women who are mothers because they are separated from their children, and because “they are normally housed in facilities that lack privacy, [inmates] are faced with insensitive visiting rules thereby making it difficult for children to visit them, and to maintain relationships with families” (Sharp xvi). For women who have had any mental illness in their past, the situation in prison again brings their mental illness into effect due to the stresses they have to endure.

In women’s institutions there is a high demand for parenting programs, as most women with children are expecting to gain custody of their children once they are released (Morash 215). With the expansion of the female prison population, a frequently overlooked effect is the “impact on women and the children they leave behind while they serve their prison sentences,” as nearly 80% of women in prison are mothers (Phillips). Separating mothers from their children causes stress for maternal inmates as they realize the many changes and trauma that will affect the lives of their children, including “abuse, neglect, molestation, witnessing violence, grief, parent-child separation, multiple

placements, and changes in caregivers” (Phillips). Sometimes, imprisoned mothers try to take advantage of the programs available to them so that they can try to find ways to support their family once they are released. It is necessary for prisons to offer parenting programs for women because “the family system remains trapped in the pre-incarceration dynamics... in fact, incarceration often adds new insults to the system,” as family issues are normally not addressed while the mother is incarcerated (Phillips). Prisons programs can help prisoners to feel like they are going back into society with new skills to take on life. If these programs are not available to women, once they are released they won’t have the skill set to adopt a new lifestyle. They won’t know that any other life is an option, making recidivism a huge problem because so many women’s cases are not handled properly in prison.

While women are in prison, it is important that they receive proper treatment, whether it is mental or medical. It is vital that there is good medical care in prisons as “[i]ncarcerated women are at greater risk for serious health problems...because of their greater likelihood of living in poverty, having poor nutrition, being substance abusers, and having limited access to preventive medical care and limited education on health issues” (Sodja 61). The main problems in health care for women prisoners are: limited access to treatment, mediocre healthcare, and under skilled prison medical professionals (Sharp 55). The international human rights agency called Amnesty International found that “many states [had] begun to charge prisoners for medical treatment, which is in direct violation of international standards that medical care for prisoners should be free” (Sodja 64). Actually, the U.S. Supreme Court requires that prisoners have adequate healthcare and because prisoners are “dependent on the state for all their needs and

unable to seek out health care for themselves... prisoners are the only U.S. citizens who are entitled to free health care” (Sodja 62).

The prison system employs a plethora of unqualified doctors working in poor conditions, making the care that inmates receive abysmal. Prison health care conditions were so bad that in May 2005, federal judge Thelton Henderson put California’s prison health care system into federal receivership because Henderson declared, “medical care in California’s prisons violated every American’s constitutional right against cruel and unusual punishment. He called the conditions ‘barbaric’” (Sodja 65). By refusing women the “ability and resources to care for their bodies and psyches, the prison’s health care system further dehumanizes incarcerated women” (Solinger 5). Women need access to prenatal and postnatal care if they are arrested while they are pregnant, and often when pregnancy care happens to be provided, it is of poor quality. Women’s rights in prison are violated on a daily basis, their privacy is violated, their health care needs are violated, and sometimes their bodies are violated.

The U.S. neglect of U.N. international standards mainly affects women in U.S. prisons in the form of health care, mental health care, and sexual abuse by prison guards. Health care violations in U.S. prisons are not uncommon, as it is known that the care provided in prisons is inadequate. In 1997, the U.S. Justice Department sued the state of Michigan and Arizona for, “failing to protect women prisoners from sexual assaults and ‘prurient viewing during dressing, showering, and the use of toilet facilities’ by male guards” (68). The positive acts by the government show that it is trying to keep watch, and when they find out about wrong doings in U.S. prisons, the government tries to make things right. Prisons in the U.S. violate the U.N. Standard Minimum Rules for the

Treatment of Prisoners Rule 53 “that no male staff member ‘shall enter the part of the institution set aside for women unless accompanied by a female officer’ and ‘women prisoners shall be attended and supervised only by female officers’” (Sodja 69). The male guards in most U.S. prisons have unsupervised access to female inmates. For some female inmates, “prison serves as a safe place, away from the various problems, issues, and pressures women face on the streets from the time they are born, such as weapons and violence, drugs, inadequate housing, poverty, and fear,” making it even more important that prisons continue developing to create a safe environment for the inmates (Urbina 99).

In 1998, the U.N. and two other international human rights agencies, Amnesty International and Human Rights Watch, condemned health care in California’s women’s prisons referencing “serious violations inside prisons, specifically citing problems with obtaining health care, especially prenatal care, and with sexual assault by guards inside women’s prisons” (Sodja 62). In one of her speeches, Davis references health care problems in Valley State Prison, located in Chowchilla, California, where whether women needed to see the doctor or not, female inmates have a fear of visiting the prison doctor due to the “numerous and unnecessary gynecological examinations imposed by the staff” (Davis 60). Women in prison should not have to worry about the possibility of being assaulted by prison guards, as women prisoners consist of individuals “who are already more likely than the general population to be survivors of rape and other abuse” (Sharp 98). Often female prisoners come from poor, underserved neighborhoods where violence and drug abuse is common. Instead of being rehabilitated, women are often sharing a cell with a much more hardened criminal where they pick up much worse habits

than they previously had. The many violations that occur in U.S. prisons make the environment unsafe and inhumane to house inmates.

Female prisoners in America get a raw deal. They have to struggle to survive inside prison, losing a lot more than just their freedom. Many of them lose their dignity and their hope for any chance at a better life. The government needs to improve conditions in prisons because it is an underfunded part of the legal system. Although the government says they can't afford it, they actually can't afford not to: the high percentage of recidivism is showing them that unless the rehabilitation of prisoners becomes a priority, the prison system is going to become much more costly to maintain.

Educational programs in prisons aid lower recidivism rates due to the fact that once prisoners receive an education they have a higher chance at getting a job once they are released from prison. A lot of the time, if incarcerated people do not have an education, they end up falling back into their old habits, and therefore they are more likely to be re-incarcerated. Multiple studies show that women inmates who participate in prison-based programming have lower rates of recidivism than those who do not. Rates of recidivism are often a factor in seeing the effectiveness of correctional facilities, although there are many factors that can also have an impact on recidivism such as, “the socio economic status, effectiveness of post release supervision (for parolees), length of time incarcerated, severity and seriousness of crime committed, access to data which varies from state to state, and educational level of achievement of each individual” (Esperian 320). A study published in the December 2010 Journal of Correctional Education, “The Effects of Prison Education Programs on Recidivism,” demonstrates that it is lucrative for states to fund educational programs for inmates because “doing so

reduces recidivism dramatically, and also; educating felons eliminates the costs associated with long term warehousing” (Esperian 316). The Professor and Associate Director of Integrated Substance Abuse Programs at UCLA’s David Geffen School of Medicine, Christine Grella, found that “[t]here is a direct linear relationship between time in treatment and risk of [return to prison], with increasing amounts of time in treatment associated with decreasing risk of [return to prison]” (Grella 63). Providing education to prisoners during and after their time in prison saves the state money, and is a cost-effective fix to reduce recidivism while also improving the safety of the public (Esperian).

For the treatment of female prisoners to improve, it is necessary that the United States take steps to provide proper programming to aid in the rehabilitation of inmates and change the broken prison system. Not only will providing programming for inmates improve the prison system in the United States by improving the quality of life for inmates, but it will also have a positive impact on lowering recidivism rates. If the treatment women face in prison denies them of their basic rights, it leaves many women feeling neglected, but also can be physically and emotionally violating to the inmates. Programming helps female inmates to prioritize and learn new skills that can assist them once they are released, leaving them more capable of finding jobs, and being able to take care of their families; making them less likely to return to prison.

Works Cited

- Davis, Angela. *The Meaning of Freedom: And Other Difficult Dialogues*. San Francisco, City Lights: 2012.
- Esperian, John H. "The Effect Of Prison Education Programs On Recidivism." *Journal Of Correctional Education* 61.4 (2010): 316-334. *Academic Search Complete*. Web. 19 Nov. 2015.
- Grella, Christine E., and Luz Rodriguez. "Motivation For Treatment Among Women Offenders In Prison-Based Treatment And Longitudinal Outcomes Among Those Who Participate In Community Aftercare." *Journal Of Psychoactive Drugs* 43.(2011): 58-67. *Academic Search Complete*. Web. 20 Nov. 2015.
- Morash, Merry, Robin Haarr, Lila Rucker. "A comparison of programming for women and men in U.S. prisons in the 1980s." *Crime and Delinquency*, Apr 1994, Vol.40(2), p.197. Print.
- Phillips, Susan D., and Nancy J. Harm. "Women Prisoners: A Contextual Framework." *Women & Therapy* 20.4 (1997): 1. *ProQuest*. Web. 20 Oct. 2015.
- Roth, Mitchel P. *Prisons and Prison Systems : A Global Encyclopedia*. Westport, Conn.: Greenwood, 2006. Print.
- Sharp, Susan F., and Roslyn Muraskin. *The Incarcerated Woman : Rehabilitative Programming in Women Prisons*. Upper Saddle River, N.J.: Prentice Hall, 2003. Print.
- Sodja, Zoë. "Human Rights And U.S. Female Prisoners." *Women & Therapy* 29.3/4 (2006): 57-73. *Women's Studies International*. Web. 20 Oct. 2015.

Solinger, Rickie. *Interrupted Life : Experiences of Incarcerated Women in the United States*. Berkeley: U of California P, 2010. Print.

“Standard Minimum Rules for the Treatment of Prisoners.” *United Nations* 30 August 1955. Web. 26 Oct. 2015.

Urbina, Martin G. *A Comprehensive Study of Female Offenders : Life Before, During, and after Incarceration*. Springfield, Ill.: Charles C. Thomas, 2008. Print.